



DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT  
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THIRD JOINT INVENTOR (if any)

Full Name Sara K. Naess  
First K Middle K Last Naess

Signature Sara Kristine Naess  
Date 6. 8. 2000  
Residence Verona Wisconsin WI  
City Verona State or Country Wisconsin  
Citizenship United States of America NORWAY  
Post Office Address:

2586 Prairie Ridge Road

Verona Wisconsin 53593  
City State or Country Zip Code

FOURTH JOINT INVENTOR (if any)

Full Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Residence \_\_\_\_\_  
City \_\_\_\_\_ State or Country \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address:

City \_\_\_\_\_ State or Country \_\_\_\_\_ Zip Code \_\_\_\_\_